

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598,816

FILING DATE

APPLICANT(S)

1

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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26		/		/		
27		/		/		
28		9				
29	/					
30		/				
31		2				
32	/					
33	/					
34		/				
35		0		/		
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42		0				
43		0				
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48						
49						
50						
TOTAL IND.	12	↓	3	↓		↓
TOTAL DEP.	40	←	12	←		←
TOTAL CLAIMS	52		15			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						